

Rainbow Summer Program

Required Parent Information Form

INSTRUCTIONS: Please complete **one form for each parent** enrolled in your program. If requested information is non-applicable, mark N/A. If requested information is unavailable or unknown at this time, mark U/A.

Today's Date (MM/DD/YEAR): _____/_____/_____ (**Summer**)

1. Please indicate the first name, middle name, last name, and date of birth for each of your enrolled children:

Child 1: First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Child 2: First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Child 3: First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Child 4: First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

If necessary, please attach additional sheet for more children.

2. Your First Name:

Your Middle Name:

Your Last Name:

Your date of birth (MM/DD/YEAR): _____/_____/_____

3. What is your gender?

Male

Female

4. What is your race/ethnicity?

- African American/Black, non-Latino
- Native American/Indian or Alaska Native
- Asian American
- Native Hawaiian or Pacific Islander
- Latino/Hispanic
- European American/White, non-Latino
- Mixed Heritage
- Other _____

5. What is your primary or native language?

6. What is the highest level of education you have completed?

- Elementary School
- Some High School
- High School Diploma
- Trade or Vocational School
- Associates Degree
- Some College
- Bachelors Degree
- Some Graduate School
- Masters Degree
- Doctorate Degree
- Professional Degree
- Non-applicable

7. What is your residential address?

Street: _____

City: _____ State: _____ Zip Code: _____

8. What is your mailing address?

Street: _____

City: _____ State: _____ Zip Code: _____

- Same as residential address

9. What is/are your phone number(s) and email address?

Work: _____

Home: _____

Mobile: _____

Email: _____

10. How did you find out about the *Rainbow Summer Program*?

- Internet or email correspondence
- Personal contact or relationship
- Mailing
- Event advertising
- Research
- School or educational institution
- Child or youth services agency/program
- Work
- Other _____

Family Demographic Information

11. How many people currently reside in your household? _____

12. How many children (persons under age 18) currently reside in your household? _____

13. What is your annual household income? (Please select from the list below)

Note: Household income information is **confidential** and will NOT be shared with third parties.

- \$0 - 20,000
- \$20,001 - 30,000
- \$30,001 - 45,000
- \$45,001 - 60,000
- \$60,001 - 65,000
- \$65,001 - 80,000
- \$80,001 +

Parent's Employment Information

14. What is your current employment status?

- Full-time
- Part-time
- Self-employed
- Retired
- Unemployed
- Non-applicable

15. What is the name of your primary employer?

16. What is your primary profession/occupation?

Emergency Contact Information

17. Emergency contact's last name: _____

18. Emergency contact's first name: _____

19. Emergency contact's relationship to you:

- Partner/Spouse/Significant Other
- Child
- Sibling
- Mother
- Father
- Relative
- Friend
- Neighbor
- Co-worker
- Other _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Relationship to you: _____